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| **Important information regarding your request, please read:** |
| * All requests must be submitted to **headspace** Redcliffe in the calendar month immediately preceding the date of the event. The earlier your request is received, the more likely we are to be able to accommodate your request. * The timeline for managing event/info session bookings will be as follows:   + 10th of the month: Booking request received for all events occurring in the following month (where the 10th falls on a weekend/public holiday, please submit on the closest working day)   + 10th-20th of the month: Booking request assessed by **headspace** Redcliffe   + 20th of the month: Notification provided on whether your request has been accepted or rejected (where the 20th falls on a weekend/public holiday, you will be notified on the closest working day) * Please note that receipt of your request does not guarantee attendance. You will be notified on the outcome of your request as per the above timeline. |

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| **Contact Details:** | | | |
| Name: | Click here to enter text. | | |
| Designation: | Click here to enter text. | | |
| School / Organisation: | Click here to enter text. | | |
| Phone (1): | Click here to enter text. | Phone (2): | Click here to enter text. |
| Email Address: | Click here to enter text. | | |
| Do you wish to be part of our mailing list?  Yes  No | | | |
| Will the person listed above be the contact on the day of the event:  Yes  No  *If no, please complete additional contact details below* | | | |
| Name: | Click here to enter text. | | |
| Designation: | Click here to enter text. | | |
| School / Organisation: | Click here to enter text. | | |
| Phone (1): | Click here to enter text. | Phone (2): | Click here to enter text. |
| Email Address: | Click here to enter text. | | |

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| **Event / Information Session Demographics:** When and where | | | | | |
| Day: | Click here to enter text. | Date: | Click here to enter text. | Time: | Click here to enter text. |
| ***(Please include full duration of event in the time field, e.g. 12pm-2pm)*** | | | | | |
| Location: | Click here to enter text. | | | | |

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| **Event / Information Session Details:** |
| **What is your event:** (School Assembly, MH Week Stall, Presentation to Staff, etc)  Click here to enter text. |
| **What would you like headspace Redcliffe to do?** (provide a presentation, set up a merchandise/info stall, talk to students, run a Q&A Panel, etc )  Click here to enter text.  **If you are seeking a presentation, please indicate your preferred subject matter from the options below:**  Meet headspace  eheadspace  Tips for a healthy headspace  Mental health  Stress  Anxiety  Bullying  Depression  Body image  Understanding grief and loss  Other, please specify Click here to enter text.  ***We will require access to a data projector, laptop and speakers for all presentations*** |
| **What is your target audience?** (school students – please provide year level, staff, other agencies, etc)  Click here to enter text.  **How many people are you expecting on the day?**  Click here to enter text. |
| **Additional Information:**  Click here to enter text. |

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| **OFFICE USE ONLY** | | | |
| Date Received: |  | Date Notified of Outcome: |  |
| Project Plan completed and attached: Yes  No | | Centre Manager Approval: Yes  No | |
| Comments: |  | | |